

Name:

### Dioceses of Toledo and the Midwest Parish Life Conference

June 26-29, 2024

Hosted By: All Saints Church (Chicago, IL) &

Holy Transfiguration Church (Warrenville, IL)

4129 W Newport Ave, Chicago, IL 60641

(773) 231-6177

#### tolplc@antiochianevents.com ~ www.toledoplc.org

# **Event Registration Form**

# Early Registration Deadline: June 14, 2024

We encourage everyone to pre-register. Some events may sell out and will not be available at the Parish Life Conference.

First Name	Last Name		irthda es 18 & I				niza liati		ו		G	θrοι	ıp		Inc	ckag livid iven		A	dditio	nal E	Even	its	F	ees	Total (USD)
Please Print Clearly name to appear Anyone under the age completed and signed Form pi receiving the Place an X in the appro listed pe	on your badge of 18 <b>MUST</b> submit a I Minor Participation rior to eir Badge. priate boxes for each	Month	Day	Year	Antiochian Men	Antiochian Women	Order of St. Ignatius	Teen SOYO	Young Adul;t Ministry	Children (Ages 4-12)	Teens (Ages 13-18 Only)	Adults (Ages 19 +)	Clergy B/shop, Priest & Deacon Only	Clergy Wives Priest & Deacon Wives only	Standard Package	Pizza Dinner (Thur)	Dinner with Talent Showcase (Fri)	Antiochian Women Luncheon (Thur)	Teen Outing (Friday) <i>including Miniature Golf,</i> Lunch and Service Project Transportation incl.	Lunch-N-Learn: Order of St Ignatius (Fri)	Young Adult Outing (Fri) Transportation not incl.	Kid's Club Week Pass (Thur/Fri)	Processing Fee: Required for all 12+ who do not purchase an event	Mandatory Registration Fee Ages 12 & older	
1.																									\$
2.																									\$
3.																									\$
4					-			_																	\$
5.																									\$
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Address:		_ City, State/Province, Zip Code/Postal Code:	
Telephone:	_E-mail:	_Diocese:	
Parish Name:		Parish City:	_ Parish State/Province:

## **Payment Form**



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Please complete the information and mail or e-mail completed form to the information above. To process all transactions, the billing address must match the credit/debit card or checking account statement. If the address is the same please check box under the appropriate section, if not provide billing address below.

Purchase Item (s) Check all item(s) that is for this payment.
Event Registration Donation Vendor
Payment Options (Check one):
$^{\bigcirc}$ Credit/Debit Card $^{\bigcirc}$ Check (E-Check) $^{\bigcirc}$ Cash/Money Order
Credit/Debit Card Information to be completed for all Credit/Debit Card Payments
<ul> <li>Credit/Debit Card billing address is same as previous page, if different billing address, please include billing address below</li> </ul>
Credit/Debit Card No:
CVV2: Exp. Date:
Check (E-Check) Information to be completed for all Check Payments U. S. Accounts Only!
<ul> <li>Checking Account billing address is same as previous page, if different billing address please include billing address below</li> </ul>
Bank Account Type $\bigcirc$ Checking $\bigcirc$ Business Checking
Name on Checking Account:
As its appears on check
Bank Routing (ABA) Number:
9 Digit Bank Code (see Sample on right side) Bank Account Number:
6-15 degit account number (see sample in eight side)

# All forms must be completed and include full payment in order to be accepted and processed

Please Include Credit/Debit or Checking Account Statement Billing address if different than provided first page

Name:\_\_\_\_\_\_

Billing Address:

City, State, Zip Code:

I acknowledge and understand that all purchases and/or donations are <u>non-refundable</u> as set forth in the Privacy Statement at <u>www.antiochianevents.org/</u> <u>toledo/terms-of-use</u>; and hereby authorize the Antiochian Archdiocese, Diocese of Ottawa Parish Life Conference], to charge the credit/debit card or bank account as set forth on this form for all purchases and/or donations. When paying by check, <u>only checks drawn from U. S. Banks</u> will be accepted (for all other payments, please use credit/debit card). All checks <u>will be</u> <u>processed electronically</u> (via E-Check/ACH). Please do not mail a check with form. *All checks/credit card charges will appear on your statement as Antiochian Archdiocese*.

Date: \_\_\_\_\_

Amount: \$\_\_\_\_\_ (USD)

\_\_\_\_\_

\_(000)

Signature \_\_\_\_

Signature required for all forms; Unsigned forms will not be processed!

#### Sample Credit/Debit Card



#### Sample Check

		2400 91-548/1221
PAY TO THE ORDER OF		
FOR	6724304068#	2400#

Routing Number Account Number Check Number